

STATE OF WASHINGTON WASHINGTON STATE BOARD OF HEALTH

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September 7, 2005

TO: Washington State Board of Health Members

FROM: Craig McLaughlin, Executive Director

SUBJECT: STATE HEALTH REPORT AND PUBLIC FORUMS FOR 2005-06

Background and Summary

RCW 43.20.050(b) requires the State Board of Health to produce a State Health Report "that outlines the health priorities of the ensuing biennium." The report must be produced in January of even numbered years for the Governor to approve, modify, or disapprove. If approved, the report is meant to be used by state agency administrators as a guide for preparing agency budgets and executive request legislation for the following biennium. The next report, due to the Governor in January 2006, would establish executive branch health priorities for the 2007-09 Biennium. These would be reflected in the budgets and request legislation developed by agencies in summer 2006 and reviewed by the Office of Financial Management that fall. They would also be reflected in the Governor's December 2006 budget proposal and in request legislation introduced in January 2007.

RCW 43.20.050(a) requires, "At least every five years, the state board shall convene regional forums to gather citizen input on public health issues." The State Health Report must consider the input from these forums. The Board last held regional forums in 2000, so these forums are due again this year.

The Board modified the State Health Report format in 2002 to make it more usable and to respond to the authorizing environment at the time. The election of a new Governor with a strong commitment to health and a different approach to setting priorities has changed the authorizing environment. I have had several conversations with the Governor's policy staff and with state agency leaders about the State Health Report and the public forums, and have been consulting with the Board Chair throughout this process.

The purpose of this memorandum is to review those discussions, and in particular, to identify ways the report and the forums could differ from previous years. Board members should be familiar with—and I hope, comfortable with—the ideas being discussed. The Board will need to make some choices about the best niche for this report, and understand the nature of the work that will be required as it establishes its 2005-07 strategic plan. Today's meeting will provide an opportunity for Board questions and discussion. Board members can provide guidance on continuing this work.

Recommended Board Action

No formal action is required.

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Discussion

The State Health Report prior to 2000 was a comprehensive document (typically exceeding 100 pages) that inventoried health policy initiatives across state agencies. It clearly reflected the distinct vision of the State Board of Health. Though it received national recognition, other state agencies rarely, if ever, used it as it was intended.

Beginning in 2002 (there was no 2000 report), the report became much shorter. It focused on a set of strategic directions. A limited number of policy examples illustrated the scope of the directions but the report did not attempt to be prescriptive or all inclusive. The document was 16 pages in 2002 and 20 pages in 2004. Both reports were submitted jointly by the Board and the Governor's Subcabinet on Health. The 2004 iteration contained six strategic directions (these were similar to the 2002 strategic directions):

- Maintain and improve the public health system.
- Ensure fair access to critical health services.
- Improve health outcomes and increase value.
- Explore ways to reduce health disparities.
- Improve nutrition and physical activity.
- Reduce tobacco use.
- Safeguard healthy air and healthy water.

The 2002 and 2004 reports started with a blank slate. Before he launched the Priorities of Government process toward the end of his second term, Governor Locke did not articulate a set of health strategies for state agencies. Governor Gregoire, however, announced her three top health care priorities shortly after taking office, and she established work groups to develop strategies under each priority. The priorities are:

- <u>Health Care Quality and Cost:</u> Governor Gregoire charge Steve Hill, Health Care Authority Administrator, with leading an interagency effort to reduce the rate of health care cost growth by driving quality, cost-effective service delivery and increasing access.
- <u>Cover All Kids by 2010:</u> The Department of Social and Health and Services is the lead agency on an effort to ensure that all Washington State children have health insurance coverage by 2010.
- Promoting Prevention to Make Washington a Healthier State: This effort centers on prevention, and DOH Assistant Secretary Patty Hayes is facilitating the policy development group. I represent the Board on this group. There is some overlap between this initiative and the Washington Health Foundation's Healthiest State in the Nation Campaign, but they are not identical.

The Governor's Subcabinet on Health is not meeting at this time and the Governor's staff is currently reassessing the need for such a group.

The Board now faces a choice about the best niche for this report. It could continue the trend started in 2001 of working on the report more collaboratively and increasing its utility for other agencies and the Office of the Governor. The 2006 report could have more immediate relevance to state agencies—and the Office of the Governor would have more ownership—but the Board might have less control over the final product. Alternatively, the Board could view the report more as an opportunity to express its own independent vision of state health priorities, and develop the report largely outside the framework established by the Governor. The former approach is consistent with the Board's traditional role as a bully pulpit, while the latter approach may be more consistent with the authorizing statute's intent that this report be used by executive agencies.

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I have been exploring the latter option actively with the Governor's policy staff, which views the report as an opportunity for communicating the Governor's priorities. One of the initial questions was how well the strategies in the past reports might fit with the Governor's priorities. It is possible to imagine a 2006 version of the report that fits within the Governor's policy framework, but still addresses many of the same strategic directions highlighted in 2002 and 2004. Cover All Kids by 2010 fits under "access." Both the previous reports and the Governor's initiatives address quality and cost in health care purchasing. Tobacco and physical activity will be addressed under the Governor's prevention initiative, which may well include something about reducing exposure to persistent bioaccumulative toxins (one of the Department of Ecology's current priorities).

	2004 SHR Strategies	Governor's Priorities
Public	Maintain and improve the public	Not a priority of its own but ties in with
Health	health system.	prevention efforts—see discussion below.
Value	Improve health outcomes and increase value.	Health care quality and cost.
Health	Explore ways to reduce health	Not a priority of its own, but relates to
Disparities	disparities.	Cover All Kids and Prevention
		Washington as well as other activities by
		the Governor—see discussion below.
Access	Ensure fair access to critical health	Cover All Kids—access specifically
	services.	focused on kids and health insurance
		(health care quality and cost looks to
		increase access by reducing costs).
Prevention	Improve physical activity and	Healthy Washington/Prevention—
	nutrition.	Tobacco use will be a GMAP measure and
	Reduce tobacco use.	policy initiatives will likely address
		nutrition and physical activity.
Environmental	Safeguard healthy air and healthy	Healthy Washington/Prevention—possible
Health	water.	focuses on reducing exposure to persistent
		bioaccumulative toxins.

Even on those issues where there does appear to be a good match between the Governor's initiatives and previous State Health Report priorities, a report done in close collaboration with the Governor's policy groups might have a slightly different tone than it would if it were prepared just by the Board. The value/quality/cost-containment discussion might be more heavily weighted toward cost-containment, for example, and the access discussion would focus in on access to insurance for children, even though access to insurance is only a piece of the access crisis in this state (it is possible to have insurance and still not be able to see a provider, have a medical home, or receive effective preventive care).

There are also two strategic directions that have been very important to this Board but that the Governor has not called out as one of her priorities—health disparities and public health infrastructure.

The Office of the Governor is working with the minority commissions' executive directors, who are hosting a Health Disparities Summit on September 30, 2005. The Joint Select Committee on Health Disparities is expected to recommend that executive agencies develop a joint strategy to reduce health disparities, and there seems to be increasing interest across the executive branch to do just that. It is not immediately obvious how this would be reflected in the report. Some creative approaches to addressing disparities explicitly would have to be negotiated, perhaps through a separate section or sidebar that ties disparities back to the other priorities.

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The Office of the Governor, however, would most likely be a supportive partner in this effort since the Governor has shown a strong interest in reducing disparities. She will speak at the Health Disparities Summit, she signed a bill opening up 8800 insurance slots for non-resident kids, her Cover All Kids campaign will address disparities in access to care, and health disparities is likely to be one of the screens the Governor's Prevention/Healthy Washington work group will use to select the strategies it will recommend to the Governor.

Likewise, it is not immediately obvious how to address public health infrastructure issues. Clearly, public health is an essential component of the health care system. It delivers community-based, prevention-oriented interventions that are cost effective. It also works to assure access to critical preventive services. But while it intersects with cost, value, access, and prevention, it is not self-evident how this would be best integrated with the Governor's priorities. This, too, would require some negotiation and creative problem solving. But again, the Governor's policy staff would probably be supportive of the Board's efforts in this regard—it sees the link between prevention efforts and the capacity of the public health system.

Any State Health Report that is closely aligned with the Governor's priorities would also need to include performance measures. And while the report is intended to be prospective—looking ahead to 2007-09—the Governor's staff has indicated an interest in capturing and conveying data about the cost-effectiveness to current programs that will require continued legislative support.

Finally, there have also been discussions with the Governor's staff about partnering around the regional forums. Exactly what form this might take is still being discussed. One suggestion is that the forums could be used to gather public input on a proposed legislative agenda (or perhaps on a draft of the State Health Report, which would anticipate the Governor's legislative agenda for 2007). The Governor is scheduling a Health Care Summit in late October or early November. We would have to identify distinct roles for the summit and the forums. The summit may also suggest a need for follow-up meetings of some kind that would fit with Board's mandate to hold regional forums.